EDWARD G. ARBERRY
PLAINTIFF/PETITIONER/MOVANT'S NAME
E-77487, 14-D6-L
PRISON NUMBER
California State Prison/Solano, P.O.BOX 4000
PLACE OF CONFINEMENT
Vacaville, California 95696-4000
ADDRESS

2254 ✓ 1983
FILING FEE PAID
Yes No ✓
IFP MOTION FILED
Yes ✓ No
COPIES SENT TO
Court ✓ ProSe

FILED
APR - 9 2008
CLERK, U.S. DISTRICT COURT
SOUTHERN DISTRICT OF CALIFORNIA
BY DEPUTY

# United States District Court
## Southern District Of California

EDWARD G. ARBERRY, Plaintiff/Petitioner/Movant

v.

D.K. SISTO, Warden, Defendant/Respondent

Civil No. '08 CV 0649 J POR
(TO BE FILLED IN BY U.S. DISTRICT COURT CLERK)

**MOTION AND DECLARATION UNDER PENALTY OF PERJURY IN SUPPORT OF MOTION TO PROCEED IN FORMA PAUPERIS**

I, EDWARD G. ARBERRY, declare that I am the Plaintiff/Petitioner/Movant in this case. In support of my request to proceed without prepayment of fees or security under 28 U.S.C. § 1915, I further declare I am unable to pay the fees of this proceeding or give security because of my poverty, and that I believe I am entitled to redress.

**In further support of this application, I answer the following question under penalty of perjury:**

1. Are you currently incarcerated? ☒ Yes ☐ No (If "No" go to question 2)
   If "Yes," state the place of your incarceration California State Prison Solano
   Are you employed at the institution? ☒ Yes ☐ No
   Do you receive any payment from the institution? ☐ Yes ☐ No
   [Have the institution fill out the Certificate portion of this affidavit and attach a certified copy of the trust account statement from the institution of your incarceration showing at least the last six months transactions.]

2. Are you currently employed? ☐ Yes ☒ No

a. If the answer is "Yes," state the amount of your take-home salary or wages and pay period and give the name and address of your employer. Not applicable.
" "
" "
" "

b. If the answer is "No" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer. Not applicable.
N/A
N/A
N/A

3. In the past twelve months have you received any money from any of the following sources?:

a. Business, profession or other self-employment. ☐ Yes ☒ No
b. Rent payments, royalties interest or dividends ☐ Yes ☒ No
c. Pensions, annuities or life insurance ☐ Yes ☒ No
d. Disability or workers compensation ☐ Yes ☒ No
e. Social Security, disability or other welfare ☐ Yes ☒ No
e. Gifts or inheritances ☒ Yes ☐ No family hygiene support.
f. Spousal or child support ☐ Yes ☒ No
g. Any other sources ☐ Yes ☒ No

If the answer to any of the above is "Yes" describe each source and state the amount received and what you expect you will continue to receive each month. family package support quarterly, for hygiene.

4. Do you have any checking account(s)? ☐ Yes ☒ No
a. Name(s) and address(es) of bank(s): N/A
b. Present balance in account(s): N/A

5. Do you have any savings/IRA/money market/CDS' separate from checking accounts? ☐ Yes ☒ No
a. Name(s) and address(es) of bank(s): N/A
b. Present balance in account(s): N/A

6. Do you own an automobile or other motor vehicle? ☐ Yes ☒ No
a. Make: N/A Year: N/A Model: N/A
b. Is it financed? ☐ Yes ☒ No
c. If so, what is the amount owed? N/A

7. Do you own any real estate, stocks, bonds, securities, other financial instruments, or other valuable property?
☐ Yes ☒ No N/A
If "Yes" describe the property and state its value. Not applicable

8. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support. N/A

9. List any other debts (current obligations, indicating amounts owed and to whom they are payable):
Not applicable.
" "
" "

10. List any other assets or items of value (specify real estate, gifts, trusts inheritances, government bonds, stocks, savings certificates, notes, jewelry, artwork, or any other assets [include any items of value held in someone else's name]): Not applicable.

12. If you answered all of the items in #3 "No," and have not indicated any other assets or sources of income anywhere on this form, you must explain the sources of funds for your day-to-day expenses.
I support myself through the institution's pay position, and family support from time to time.

**I declare under penalty of perjury that the above information is true and correct and understand that a false statement herein may result in the dismissal of my claims.**

4-8-08
DATE

EDWARD G. ARBERRY *Edward Arberry*
SIGNATURE OF APPLICANT

If you are a **prisoner** you must have an officer from your institution provide this official certificate as to the amount of money in your prison account. There are no exceptions to this requirement.

## PRISON CERTIFICATE

**(Incarcerated applicants only)**

(To be completed by the institution of incarceration)

I certify that the applicant EDWARD G. ARBERRY ,
(NAME OF INMATE)

E-77487 ,
(INMATE'S CDC NUMBER)

has the sum of $________________ on account to his/her credit at ________________

________________.
(NAME OF INSTITUTION)

I further certify that the applicant has the following securities ________________

to his/her credit according to the records of the aforementioned institution. I further certify that **during the past six months** the applicant's ***average monthly balance*** was $ ________________,

and the ***average monthly deposits*** to the applicant's account was $________________.

ALL PRISONERS ***MUST*** ATTACH A CERTIFIED COPY OF THEIR TRUST ACCOUNT STATEMENT SHOWING TRANSACTIONS FOR THE SIX-MONTH PERIOD IMMEDIATELY PRECEDING THE FILING OF THE COMPLAINT PER 28 U.S.C. § 1915(a)(2).

________________ DATE

________________ SIGNATURE OF AUTHORIZED OFFICER OF INSTITUTION

________________ OFFICER'S FULL NAME (PRINTED)

________________ OFFICER'S TITLE/RANK

## TRUST ACCOUNT WITHDRAWAL AUTHORIZATION
**(Incarcerated applicants only)**

(This form **MUST** be completed by the prisoner requesting to proceed in forma pauperis. An incomplete "Trust Account Withdrawal Authorization Form," or "Prison Certificate" will result in automatic denial of the prisoner's request to proceed in forma pauperis.)

I, Edward G. Arberry, request and authorize the agency holding me in
(Name of Prisoner/ CDC No.)
custody to prepare for the Clerk of the United States District Court for the Southern District of California, a certified copy of the statement for the past six months of my trust fund account (or institutional equivalent) activity at the institution where I am incarcerated.

I further request and authorize the agency holding me in custody to calculate and disburse funds from my trust fund account (or institutional equivalent) pursuant to any future orders issued by the Court relating to this civil action pursuant to the Prison Litigation Reform Act of 1995, Pub. L. No. 104-134, Title VIII, §§ 801-10, 110 Stat. 1321 (1996).

This authorization is furnished in connection with a civil action filed in the Southern District of California, and I understand that, pursuant to 28 U.S.C. §§ 1914 and 1915(b)(1), the total amount of filing fees for which I am obligated is either ☐ $250 (civil complaint) or ☐ $5 (habeas corpus petition) (check one). I also understand that this fee will be debited from my account regardless of the outcome of this action. This authorization shall apply to any other agency into whose custody I may be transferred.

4-8-08 — DATE

Edward G. Arberry [signature] — SIGNATURE OF PRISONER